

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>14-FEB-2015</b>		2. ADDRESS OF OCCURRENCE <b>1315 W 73RD ST CHICAGO, IL 60635</b>		3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>0734</b>	
5. POSITION <b>9161</b>		6. LAST NAME <b>PIPER</b>		7. FIRST NAME <b>LIONEL H</b>		8. STAR NO. <b>14650</b>	
9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10. RACE CODE <b>BLK</b>		11. AGE <b>508</b>		12. HT. <b>208</b>	
13. DATE OF APPT. <b>13-SEP-1999</b>		14. EMPLOYEE NO. <b>006</b>		15. UNIT & BEAT OF ASSIGNMENT <b>4270C</b>		16. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	
17. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. LAST NAME <b>ROBERTSON</b>		22. FIRST NAME <b>DARELL</b>		23. M.I. <b>BLK</b>		24. D.O.B. <b>507</b>	
25. HT. <b>140</b>		26. WT. <b>140</b>		27. ADDRESS <b>CHRYST</b>		28. TELEPHONE NO. <b>19061912</b>	
29. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>CHRYST</b>		30. BY WHOM? <b>CHRYST</b>		31. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		32. CHARGES PLACED <b>19061912</b>	
33. SUBJECT'S ACTIONS		34. MEMBER'S RESPONSE		35. SUBJECT'S ACTIONS		36. MEMBER'S RESPONSE	
PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		ACTIVE RESISTER <input checked="" type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		ASSAULT/ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ASSAULT/BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	
MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMSBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	
37. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		38. ADDITIONAL INFORMATION <b>OFFICER OBSERVED THE OFFENDER ATTEMPT TO PULL A SEMI-AUTO HANDGUN FROM HIS INNER POCKET, IN FEAR OF HIS LIFE, OFFICER DISCHARGED HIS FIREARM. OFFENDER ALSO USED HIS VEHICLE IN AN ATTEMPT TO RUN DOWN OFFICERS.</b>					
39. POSITION		40. STAR NO.		41. UNIT		42. WEAPON TYPE	
43. WEAPON TYPE		44. INCIDENT OCCURRED		45. LIGHTING CONDITIONS		46. WEATHER CONDITIONS	
47. WEAPON TYPE		48. INCIDENT OCCURRED		49. LIGHTING CONDITIONS		50. WEATHER CONDITIONS	
51. WEAPON TYPE		52. INCIDENT OCCURRED		53. LIGHTING CONDITIONS		54. WEATHER CONDITIONS	
55. WEAPON TYPE		56. INCIDENT OCCURRED		57. LIGHTING CONDITIONS		58. WEATHER CONDITIONS	
59. WEAPON TYPE		60. INCIDENT OCCURRED		61. LIGHTING CONDITIONS		62. WEATHER CONDITIONS	
63. WEAPON TYPE		64. INCIDENT OCCURRED		65. LIGHTING CONDITIONS		66. WEATHER CONDITIONS	
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75. WEAPON TYPE		76. INCIDENT OCCURRED		77. LIGHTING CONDITIONS		78. WEATHER CONDITIONS	
79. WEAPON TYPE		80. INCIDENT OCCURRED		81. LIGHTING CONDITIONS		82. WEATHER CONDITIONS	
83. WEAPON TYPE		84. INCIDENT OCCURRED		85. LIGHTING CONDITIONS		86. WEATHER CONDITIONS	
87. WEAPON TYPE		88. INCIDENT OCCURRED		89. LIGHTING CONDITIONS		90. WEATHER CONDITIONS	
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95. WEAPON TYPE		96. INCIDENT OCCURRED		97. LIGHTING CONDITIONS		98. WEATHER CONDITIONS	
99. WEAPON TYPE		100. INCIDENT OCCURRED		101. LIGHTING CONDITIONS		102. WEATHER CONDITIONS	
103. WEAPON TYPE		104. INCIDENT OCCURRED		105. LIGHTING CONDITIONS		106. WEATHER CONDITIONS	
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267. WEAPON TYPE		268. INCIDENT OCCURRED		269. LIGHTING CONDITIONS		270. WEATHER CONDITIONS	
271. WEAPON TYPE		272. INCIDENT OCCURRED		273. LIGHTING CONDITIONS		274. WEATHER CONDITIONS	
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283. WEAPON TYPE		284. INCIDENT OCCURRED		285. LIGHTING CONDITIONS		286. WEATHER CONDITIONS	
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371. WEAPON TYPE		372. INCIDENT OCCURRED		373. LIGHTING CONDITIONS		374. WEATHER CONDITIONS	
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399. WEAPON TYPE		400. INCIDENT OCCURRED		399. LIGHTING CONDITIONS		399. WEATHER CONDITIONS	

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR: 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE.

☐ DNA

☒ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject hospitalized and refused to provide a statement.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Lionel Piper #14650 acted in compliance with Department policy. Officer Piper observed the offender ROBERTSON, Darrell, IR#2017705, attempt to pull a semi-auto handgun from his inner pocket while driving his vehicle in the officers' direction. Upon observing this, Officer Piper fired his weapon in fear for his life and the lives of Officer Wenceslao Zavala #8928 and Officer Richard Antonson #19692. Log Number 1073787 was issued for this incident. U#15-003.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./RNO. 1073787 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

DATE COMPLETED

TIME

14-FEB-2015 07:43:12

79. TOTAL TRR's THIS EVENT No.

3

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO: **HY150990**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X" APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>PIPER, LIONEL H</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE: <b>1315 W 73RD ST</b>	
STAR NO. <b>14650</b>	POSITION <b>POLICE OFFICER</b>	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>13-SEP-1999</b>	EMPLOYEE NO. [REDACTED]	LOCATION CODE <b>304-STREET</b>	BEAT OF OCCURRENCE <b>0734</b>
UNIT OF ASSIGNMENT <b>212</b>	BEAT/CALL NO. <b>4270C</b>	DATE OF OCCURRENCE <b>14-FEB-2015</b>	TIME <b>00:29:00</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b>	DAY OF WEEK <b>SATURDAY</b>	
HEIGHT <b>508</b>	WEIGHT <b>208</b>	NO. OF OFFICERS BATTERED <b>3</b>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER _____		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>2</b>	
WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <b>2</b> PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY <input type="checkbox"/> A. AMBUSH - NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER _____		TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input checked="" type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input checked="" type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) /ATTEMPT TO STRIKE POS WITH VEHICLE WHILE ARMED WITH HANDG	
TYPE OF INJURY TO OFFICER <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		OFFENDER INFORMATION SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F    RACE <b>BLACK</b> DOB [REDACTED] CB NO. <b>19061912</b> IR NO. _____	
TYPE OF INJURY TO OFFICER <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <b>1</b>	
LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <b>20 °F</b>	

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE  
PIPER, LIONEL H

STAR NO.  
14650

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
ALEXANDER, DANA 531